

## Exhibit C



## Freedom of Information/Privacy Act Request

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form G-639  
OMB No. 1615-0102  
Expires 04/30/2020

**NOTE:** Use of this form is optional. USCIS accepts any written request, regardless of format, provided that the request complies with the applicable requirements under the FOIA and the Privacy Act.

► **START HERE - Type or print in black ink.**

### Part 1. Type of Request

Select **only one** box.

**NOTE:** If you are filing this request on behalf of another individual, respond as it would apply to that individual.

- 1.a. ☒ Freedom of Information Act (FOIA)/Privacy Act (PA)  
1.b. ☐ Amendment of Record (PA only)

### Part 2. Requestor Information

1. Are you the Subject of Record for this request?  
☐ Yes ☒ No

If you answered "No" to **Item Number 1.**, provide the information requested in **Part 2.** If you answered "Yes" to **Item Number 1.**, skip to **Part 3.**

#### Requestor's Full Name

- 2.a. Family Name (Last Name)   
2.b. Given Name (First Name)   
2.c. Middle Name

#### Requestor's Mailing Address

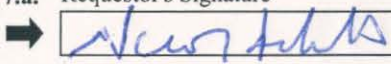
- 3.a. In Care Of Name (if any)   
3.b. Street Number and Name   
3.c. ☐ Apt. ☐ Ste. ☐ Flr.   
3.d. City or Town   
3.e. State  3.f. ZIP Code   
3.g. Province   
3.h. Postal Code   
3.i. Country

### Requestor's Contact Information

4. Requestor's Daytime Telephone Number   
5. Requestor's Mobile Telephone Number (if any)   
6. Requestor's Email Address (if any)

### Requestor's Certification

By my signature, I consent to pay all costs incurred for search, duplication, and review of documents up to \$25. (See Form G-639 Instructions for more information.)

- 7.a. Requestor's Signature   
7.b. Date of Signature (mm/dd/yyyy)

### Part 3. Description of Records Requested

**NOTE:** While you are not required to respond to every item in **Part 3.**, failure to provide complete and specific information may delay processing of your request or create an inability for U.S. Citizenship and Immigration Services (USCIS) to locate the records or information requested.

1. **Purpose (Optional):** You are not required to state the purpose of your request. However, providing this information may assist USCIS in locating the records needed to respond to your request.)

**ALL DOCUMENTS**

### Full Name of the Subject of Record

- 2.a. Family Name (Last Name)   
2.b. Given Name (First Name)   
2.c. Middle Name



**Part 3. Description of Records Requested**  
(continued)**Other Names Used by the Subject of Record (if any)**

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 5. Additional Information.**

**Additional Information.**

- 3.a. Family Name (Last Name)
- 3.b. Given Name (First Name)
- 3.c. Middle Name

**Full Name of the Subject of Record at Time of Entry into the United States**

- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name

**Other Information About the Subject of Record**

5. Form I-94 Number Arrival-Departure Record  
▶
6. Alien Registration Number (A-Number) (if any)  
▶ A-
7. USCIS Online Account Number (if any)  
▶
8. Application, Petition, or Request Receipt Number  
▶

**Information About Family Members that May Appear on Requested Records**

For example, provide the requested information about a spouse or children. If you need extra space to complete this section, use the space provided in **Part 5. Additional Information.**

**Family Member 1**

- 9.a. Family Name (Last Name)
- 9.b. Given Name (First Name)
- 9.c. Middle Name
10. Relationship

**Family Member 2**

- 11.a. Family Name (Last Name)
- 11.b. Given Name (First Name)
- 11.c. Middle Name
12. Relationship

**Parents' Names for the Subject of Record****Father**

- 13.a. Family Name (Last Name)
- 13.b. Given Name (First Name)
- 13.c. Middle Name

**Mother**

- 14.a. Family Name (Last Name)
- 14.b. Given Name (First Name)
- 14.c. Middle Name

14.d. Maiden Name (if applicable)  
**15. Description of Records Sought.**

Provide a description of the records you are seeking. If you need additional space, use the space provided in **Part 5. Additional Information.**

**Part 4. Verification of Identity and Subject of Record Consent**

**NOTE:** Complete all applicable **Item Numbers**. In addition, the Subject of Record **MUST** sign **Part 4.** of this request.

**Full Name of the Subject of Record**

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name



**Part 4. Verification of Identity and Subject of Record Consent (continued)****Mailing Address for the Subject of Record**

- 2.a. In Care Of Name (if any)  
Adham Amin Hassoun
- 2.b. Street Number and Name  
4250 Federal Dr.
- 2.c. ☐ Apt. ☐ Ste. ☐ Flr.
- 2.d. City or Town  
Batavia
- 2.e. State  2.f. ZIP Code
- 2.g. Province
- 2.h. Postal Code
- 2.i. Country  
United States of America

**Other Information for the Subject of Record**

3. Date of Birth (mm/dd/yyyy)
4. Country of Birth  
Lebanon

**Contact Information for the Subject of Record**

Providing this information is **optional**.

5. Daytime Telephone Number
6. Mobile Telephone Number (if any)
7. Email Address (if any)

**Signature and Notarized Affidavit or Declaration of the Subject of Record**

Select **only one** box.

**NOTE:** The Subject of Record **MUST** provide a signature in **Item Number 8.a. Notarized Affidavit of Identity OR Item Number 8.b. Declaration Under Penalty of Perjury**. If the Subject of Record is deceased, read **Item Number 8.c. Deceased Subject of Record** and attach proof of death.

**8.a. ☐ Notarized Affidavit of Identity**

(Do **NOT** sign and date below until the notary public provides instructions to you.)

By my signature, I consent to USCIS releasing the requested records to the requestor (if applicable) named in **Part 2**. I also consent to pay all costs incurred for search, duplication, and review of documents up to **\$25** (if filing this request for myself).

\_\_\_\_\_  
Signature of Subject of Record

\_\_\_\_\_  
Date of Signature (mm/dd/yyyy)

Subscribed and sworn to before me on this \_\_\_\_\_  
day of \_\_\_\_\_ in the year \_\_\_\_\_.

Daytime Telephone Number \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
My Commission Expires on (mm/dd/yyyy)

**8.b. ☒ Declaration Under Penalty of Perjury**

By my signature, I consent to USCIS releasing the requested records to the requestor (if applicable) named in **Part 2**. I also consent to pay all costs incurred for search, duplication, and review of documents up to **\$25** (if filing this request for myself).

I certify, swear, or affirm, under penalty of perjury under the laws of the United States of America, that the information in this request is complete, true, and correct.

\_\_\_\_\_  
Signature of Subject of Record

9/14/19  
\_\_\_\_\_  
Date of Signature (mm/dd/yyyy)

**8.c. Deceased Subject of Record**

(NOTE: You **MUST** attach an obituary, death certificate, or other proof of death.)

If you need extra space to provide any additional information within this request, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with your request or attach a separate sheet of paper. Type or print the name of the Subject of Record and his or her A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which the information refers; and sign and date each sheet.

1.b. Given Name

2. Alien Registration Number (A-Number) (if any)

3.a. Page Number    3.b. Part Number    3.c. Item Number

3.d.

4.a. Page Number    4.b. Part Number    4.c. Item Number

4.d.

5.a. Page Number    5.b. Part Number    5.c. Item Number

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5.d.

6.a. Page Number    6.b. Part Number    6.c. Item Number

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6.d.





# **Notice of Entry of Appearance as Attorney or Accredited Representative**

**Department of Homeland Security**

**DHS  
Form G-28**  
OMB No. 1615-0105  
Expires 05/31/2021

## **Part 1. Information About Attorney or Accredited Representative**

1. USCIS Online Account Number (if any)

▶

## **Name of Attorney or Accredited Representative**

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

## **Address of Attorney or Accredited Representative**

3.a. Street Number and Name

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town

3.d. State  3.e. ZIP Code   
(USPS ZIP Code Lookup)

3.f. Province

3.g. Postal Code

3.h. Country

## **Contact Information of Attorney or Accredited Representative**

4. Daytime Telephone Number

5. Mobile Telephone Number (if any)

6. Email Address (if any)

7. Fax Number (if any)

## **Part 2. Eligibility Information for Attorney or Accredited Representative**

Select all applicable items.

- 1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

1.b. Bar Number (if applicable)

- 1.c. I (select **only one** box) ☐ am not ☐ am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

- 2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

2.c. Date of Accreditation (mm/dd/yyyy)

3. ☐ I am associated with

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

- 4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate



**Part 3. Notice of Appearance as Attorney or Accredited Representative**

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

1.a. ☐ U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

2.a. ☒ U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

**WRIT OF HABEAS CORPUS**

3.a. ☐ U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

4. Receipt Number (if any)

▶

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

☐ Applicant ☒ Petitioner ☐ Requestor  
☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

**Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)**

6.a. Family Name (Last Name)

6.b. Given Name (First Name)

6.c. Middle Name

7.a. Name of Entity (if applicable)

7.b. Title of Authorized Signatory for Entity (if applicable)

8. Client's USCIS Online Account Number (if any)

▶

9. Client's Alien Registration Number (A-Number) (if any)

▶ A-

**Client's Contact Information**

10. Daytime Telephone Number

11. Mobile Telephone Number (if any)

12. Email Address (if any)

**Mailing Address of Client**

**NOTE:** Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

13.a. Street Number and Name

13.b. ☐ Apt. ☐ Ste. ☐ Flr.

13.c. City or Town

13.d. State  13.e. ZIP Code

13.f. Province

13.g. Postal Code

13.h. Country

**Part 4. Client's Consent to Representation and Signature****Consent to Representation and Release of Information**

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.



**Part 4. Client's Consent to Representation and Signature (continued)****Options Regarding Receipt of USCIS Notices and Documents**

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 1.a. ☐ I request that USCIS send original notices on an application or petition to the U.S. business address of my attorney or accredited representative as listed in this form.
- 1.b. ☐ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

**NOTE:** If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

- 1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

**Signature of Client or Authorized Signatory for an Entity**

- 2.a. Signature of Client or Authorized Signatory for an Entity



- 2.b. Date of Signature (mm/dd/yyyy) 9/14/2018

**Part 5. Signature of Attorney or Accredited Representative**

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

- 1.b. Date of Signature (mm/dd/yyyy) 9/20/2018

- 2.a. Signature of Law Student or Law Graduate

- 2.b. Date of Signature (mm/dd/yyyy)



